## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 0 / 5 1 8 3 3 8

Effective December 8, 2004

| CLAIMS AS FILED - PA  |  |  |  |                                    |   | (Column 2)                             | SMAL<br>TYPE       | SMALL ENTITY TYPE      |  | OR   | OTHER THAN<br>SMALL ENTITY |                        |
|---|--|--|--|------------------------------------|---|--|--------------------|------------------------|--|------|----------------------------|------------------------|
| U.S   | . NATIONAL                                     | STAGE FEES                                   |  | (0.0                               |   | (Column 2,                             | RA                 | TE                     | FEE  | 1    | RATE                       | FEE                    |
| BASIC FEE   |  |  | SMALL ENT. = \$ 150  |                                    | LARGE ENT. = \$ 300                         |  | BASIC F            | EE                     | <del>                                     </del> | OR   | BASIC FEE                  | 300                    |
| EXAMINATION FEE   |  |  | Satisfies PCT A  |                                    |   | All other situations = \$ 100 / \$ 200 |                    | EE                     |  | 1    | EXAM. FEE                  | 200                    |
| SEARCH FEE  |  |  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                    | All other situations = \$ 250 / \$ 600 (60) |  | SEARCI             | H FEE                  |  |      | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |  | minus 100 =  |                                    | · /50 =                                     |  | X \$ 1             | 25 =                   |  |      | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |  | 25 minus 20 = .  |                                    |   | 5                                      | X \$ :             | X \$ 25 =              |  | OR   | X·\$ 50 =                  | 250                    |
| INDEPENDENT CLAIMS  |  |  | 2 minus 3 = .  |                                    |   |  | X \$ 1             | X \$ 100 =             |  | OR   | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                               | ESENT  |                                    |   |  | + \$ 1             | 80 =                   |  | OR   | + \$ 360 =                 |                        |
| * If  | the difference                                 | e in column 1 is l                           | less than zero   | o, enter "0                        | " in cc                                     | olumn 2                                | TOT                | AL                     |  | OR   | TOTAL                      | 1150                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |  |  |                                    |   |  | SM                 | SMALL ENTITY           |  | OR   | OTHER THAN<br>SMALL ENTITY |                        |
| MTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | NUMB<br>PREVIO<br>PAID F           | BER<br>DUSLY                                | PRESENT<br>EXTRA                       | RATE .             | ADDI-<br>TIONAL<br>FEE |  | RATE | ADDI-<br>TIONAL<br>FEE     |                        |
| AMENDMENT   | Total  | *  | Minus  | **                                 |   | =                                      | X \$ 2             | :5 =                   |  | OR   | X \$ 50 =                  |                        |
| AMEN  | Independent                                    | *  | Minus  | ***                                |   | =                                      | X \$ 10            | 00 =                   | -  | OR   | X \$ 200 =                 |                        |
|   | FIRST PRES                                     |  | + \$ 18  | 30 =                               |   | OR                                     | + \$ 360 =         |                        |  |      |                            |                        |
|   | <del></del>                                    |  | <del></del>  |                                    |   |  | TOTAL A            | ,                      |  | OR   | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                   |  | (Colum                             |   | (Column 3)                             | ورسينيال بالإساسات |                        | -  |      |                            |                        |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | HIGHE<br>NUMB<br>PREVIOL<br>PAID F | BER   | PRESENT<br>EXTRA                       | RAT                | Έ                      | ADDI-<br>TIONAL<br>FEE                           |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus  | **                                 |   | =                                      | X \$ 2             | 5 =                    |  | OR   | X \$ 50 =                  |                        |
|   | Independent                                    | *  | Minus  | ***                                |   | =                                      | X \$ 10            | 00 =                   |  | OR   | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                    |   |  | + \$ 18            | 30 =                   |  | OR   | + \$ 360 =                 |                        |
| TOTAL ADDIT.<br>FEE   |  |  |  |                                    |   |  |                    |                        |  | OR   | TOTAL ADDIT.<br>FEE        |                        |
|   | •  | umn 1 is less than the umber Previously Paid | •  | -                                  |   |  |                    |                        |  |      |                            |                        |

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.